

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019552

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 185

Primary Registration District No. _____

Registrar's No. 34-62

STATE FILE NUMBER

FILED MAY 22 1962

1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Anderson		Length of stay in 1b 6 months		c. CITY OR TOWN Anderson		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. #1				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R. R. #1 West	
3. NAME OF DECEASED (Type or print) First HERMAN Middle (NMN) Last SCHMIDT				4. DATE OF DEATH Month 5 Day 11 Year 1962			
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-14-1875	
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Anderson, Missouri	
12. CITIZEN OF WHAT COUNTRY U. S. A.							
13a. FATHER'S NAME Frederick Schmidt				13b. MOTHER'S MAIDEN NAME Elizabeth Sutter		14. NAME OF HUSBAND OR WIFE Hattie Schmidt, dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv No				16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Ralph Schmidt, Rt.1, Anderson, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Semility PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from 1-22-62 to 5-11-62 and last saw him alive on 3-31-62 Death occurred at 9:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. E. Hammock M.D. (Degree or title)				22b. ADDRESS Southwest City, Mo		22c. DATE SIGNED 5-14-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-13-1962		23c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery		23d. LOCATION (City, town, or county) (State) Anderson, Missouri	
24. FUNERAL DIRECTOR Gravette				ADDRESS Gravette, Arkansas		25. DATE RECD. BY LOCAL REG. May 16, 1962	
26. REGISTRAR'S SIGNATURE Mary A. Bradley							

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Removal Permit Issued 5-11-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J.P. Quattrone

Licensed Embalmer No. 1145
P. O. Address Albion Springs Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.